

Strategic Therapies and Coaching LLC

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www.CaroltheCoach.com

www.sexhelpwithcarolthecoach.com

(317) 847-2244

Counseling and Coaching Services Agreement and Informed Consent

How were you referred to me? _____

NOTE: If you are seeing me for couple's recovery coaching or therapy each person must fill out and bring /email me a separate set of the following forms to your first session.

Welcome

I want to welcome you and let you know that I look forward to beginning our therapeutic work together. I am a Certified Sexual Addiction Therapist trained under Dr. Patrick Carnes and certified through the International Institute of Trauma and Addiction Professionals and I am a certified clinical partner specialist from The Association of Partners of Sex Addicts Trauma Specialists. I offer a variety of services via my clinical and coaching practices. My private practice that I conduct my counseling and coaching services through is called Strategic Therapies and Coaching LLC. These forms contain information about my professional clinical services and my business policies. I have also included several questions that will help me better understand what challenges you are currently facing so that I can best assist you. It is important that you first review the following information before we start. Please feel free to ask me any questions that you may have about these policies. I will be happy to discuss them with you. There are various places where your signature is required on the following forms; please look this information over carefully and bring with you to your first session.

Therapy and Coaching Services – Risks and Benefits

The role of a Psychotherapist or Coach is to assist clients with issues regarding relationships. Counseling often involves discussing difficult aspects of your life. During our work together, you may experience uncomfortable feelings such as sadness, guilt, anger, or frustration. As a result of what comes out of your therapeutic or coaching work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy and coaching may also lead to healthier relationships, and often helps an individual find solutions to problems with family and friends, as well as a reduction in feelings of distress. If you ever have any concerns about your therapy process, I encourage you to discuss this in our sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, I ask that we schedule at least one final session in order to review the work you have done. Occasionally, clients return to therapy in order to process new challenges. If you decide to return in the future, please know that I have an open-door policy, and welcome the possibility of working together again. However, it will be at my clinical discretion and also dependent upon my

availability. I typically have a waitlist of 6-8 weeks. If I am not able to see you immediately, I will be happy to add you to my waiting list, or I am happy to provide you with 3 referrals to another therapist(s) or clinic(s).

Dual Therapy

It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, I do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to me for specialized treatment (i.e. sex addiction recovery, anger management, etc.), then I will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process. You can find this form on my website.

Confidentiality

Therapy and Coaching is best experienced in an atmosphere of trust. Thus, all services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where I consult with adjunct therapists in order to discuss aspects of our sessions to support our therapeutic work together and to best support your process. When doing so, please understand that I will not use your name and will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends, or anyone else outside the therapy room), I will first ask for your written consent in order to do so, and only after determining if this is in the best interest in supporting your therapeutic process and progress.

Legal Exceptions to Confidentiality

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes when there is a reasonable suspicion of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse; elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person’s property. Legally, I am a mandated reporter of abuse or intent to harm another. If you are homicidal and make a serious threat to hurt another person(s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if I am court-ordered to release records (for example for a divorce hearing or custody hearing), I must abide by the court order and I may be compelled by court order to testify under oath and thus must answer all questions honestly.

Suicide Policy

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature _____ **Date** _____

Emergency Contact Information – In the event of an emergency, please provide a contact:

Name _____

Relationship _____ Phone _____

No Secrets Policy

Please note that with couples and family therapy and coaching, the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such, I practice a **no-secrets policy** when conducting marital/couples/family therapy or coaching which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the session to share a secret. On occasion, an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. And I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment unit's overall treatment progress and goals. If you are seeking couple's therapy or coaching, or family therapy, please have each member of the treatment unit fill out and sign an intake form. Please note: I generally do not work with couples unless each individual has had prior individual therapy for a minimum of 3-6 months. I do work in early couple's recovery coaching if sobriety and a disclosure have occurred.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy/coaching goals, I may ask that a family member or significant other join us for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit. Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will I work with them as a therapist, as my therapeutic alliance is with the client, not the family member or significant other. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form is found on my website.

Sobriety Policy

I ask that all clients, couples, families, group members arrive to therapy sober and not under the influence of illegal drugs or alcohol. If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, or other substances), I will immediately end the therapy session and assist you in finding a safe ride home via friend, family member, or taxi, as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where we will process this occurrence. **You will be charged your full fee for the session if you arrive intoxicated.**

The same applies if you appear intoxicated during your zoom coaching session.

Therapy and Coaching Sessions

Sessions are scheduled in advance. Standard sessions are 50-60 minutes in length and begin and end on time. Therapy can be conducted in office or via teletherapy (phone) if you are away on business or ill, although insurance usually does not cover Zoom or telephone sessions. The fee is the same for in-office or teletherapy, as I must block out the same amount of time. It is understandable that occasionally you may be late. If you are late to your session,

please understand that the session will not extend past your 50-60 minutes, nor will the time be made up at future sessions, as this will impact other clients I see. Longer sessions are available by request and upon availability of my schedule at a prorated fee. At the start of our work together, I may extend your first few sessions past the 50 minutes, however, unless I extend this time, I ask that you please respect your 50-minute session time. If I find that your session tends to run longer, we will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

Court Reports or Letters

I do not write legal letters or court reports on behalf of clients involving divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If a special circumstance arrives where a letter is required by court order, it will require your written consent and will be billed to you at \$25.00/page, and in addition to my hourly fee. I reserve the right to refuse to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places me in a dual relationship, or will compromise our therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places me in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality, and your clinical files may be requested. I will not be your advocate in a court hearing or speak on your behalf, as that is not the nature of the therapist/client relationship.

Signature _____ **Date** _____

Court Fees

If you become involved in legal proceedings that require my mandated participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the time involved and the interruption to my clinical work, I charge \$250/hour for preparation and attendance at any legal proceeding on your behalf.

Insurance Information

(If you are the insurance subscriber and live at a different address, please fill in your address below.)

Primary Insurance _____ **Phone #** _____ **Group #** _____

Claim Address _____ **Effective Date** _____

Name of Insurance Subscriber _____ **SS#** _____ **Policy#** _____

DOB (of Subscriber) _____ **Address/City/State/Zip Code** _____

Fees

My fee is \$120 for the first therapy or coaching session, and \$120.00 for a 50-minute session if you are self pay. If you are using insurance for therapy only, as insurance does not cover coaching, the fee is the fee that your insurance company and I agree upon and you will be responsible for your copay or the fee until your deductible is met. This fee is the same for in office, teletherapy (phone sessions), or couple's therapy. For extended sessions the fee is increased. Therapy is an investment in self-care and is a process that takes time. If you are not able to afford my fee

even if the sliding scale is available, we will not be able to work together, but I will be happy to provide you with three (3) therapy referrals for low-cost clinics that offer lower fees.

PLEASE NOTE: Disclosing client fees or discussing your client fee among clients or in group is an unethical practice and is a breach of confidentiality.

Session Payments

Sessions are to be paid in full **at the start** of each session at the time service is rendered. Payments may be via check written to Strategic Therapies and Coaching LLC (which is my practice name that I do business as), or by cash, or by Visa, MasterCard, or credit/debit card. If you choose to pay (or feel that you may occasionally pay) with a credit or debit card, I ask that you please fill out the attached authorization form. I charge clients at the start of the day on the day of their session. If a check is returned for insufficient funds, you will be responsible for reimbursing any bank fees incurred. **Please note that charges for unpaid services may be turned over to a collection agency, which compromises confidentiality.** I do not “carry over” session payments from week to week, or extend credit, as this could constitute an unethical “debtor/creditor” dual relationship and ultimately impact the therapeutic relationship.

Fee Increases

Fees are reviewed each year and may increase periodically. Every consideration to a client’s current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding my fee policy, please do not sign below until discussing with me. Your signature indicates that you understand and agree to these conditions:

Signature _____ **Date** _____

Appointments/Cancellations

My contact number is through my business cell phone at (317) 847-2244. If you are trying to reach me on the same day of your session, I ask that you contact me via phone. Please note that cell phones cannot be guaranteed as confidential. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. The message number for cancellations is the same as above; this number is also located on the business card that you will take with you today. If I am unable to attend our therapy sessions (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. If you are sick or experiencing any symptoms of illness, I ask that we conduct your session via phone. I will extend the same consideration if I am ill.

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than 24 hours of the scheduled appointment will be charged the agreed-upon full fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel), you will be charged the full fee for the session. If you tend to forget appointments, please let me know – I will be happy to email you in advance to confirm our sessions. However, you are responsible for keeping track and attending your sessions.

Group Therapy: Group therapy runs in 15-week modules. Group is closed at 10 members per module. Each client is responsible for their commitment to the group for the full module (15 weeks). Payment is due at the start of each month for the group sessions in the month for that 15 week series. All 15 groups are to be paid whether or not the client attends, as the spot in group is saved for that particular client. A client may be asked to leave group if more than 2 sessions are missed per module, as it will impact the group flow and bonding.

NOTE: While group therapy can be very helpful, it is not for everyone. Group therapy is available as space becomes open in group and at the discretion of your therapist.

On-going Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be canceled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. My current client schedule does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no-shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with me and I will do my very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that should ongoing cancellations, frequent reschedules even within the same week, missed appointments, late payments/non-payment become an issue, and if after discussing other options with you your attendance has not changed, I will need to open up your reserved time to my waitlist and add you to the waitlist. If you prefer not to be placed on the waitlist, then I will provide you with three therapy referrals and/or terminate with you until you are able to attend.

Signature _____

Therapist Availability between Sessions

I am available to take a brief 5-minute phone call or answer a short 1-paragraph email regarding your **therapy/coaching appointment times** or **homework** one time between sessions, and no more than one time per month without the client incurring a fee. We will not process therapy issues via email unless I have specifically asked you to check in as part of your treatment. If the client feels that more contact is needed between sessions due to crisis, I am willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if I feel that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once-a-week therapy session can offer.

Therapist Time-off Policy

I regularly take 1 week off every 5 weeks, and take 2 weeks off during the summer and 2 weeks off during the holiday season for speaking, writing, ongoing education, professional conferences, and for personal time. This means that if we are meeting weekly, we will meet for 4 sessions in a row, and then take the 5th session off; then back on for 4 sessions, the 5th session off, etc. I will give you at least 1 week notice before my time away. **If you require a higher level of care at this time, please take this into consideration.** Please note that if I see you for therapy every other week, there will be some weeks where there is a 2-week gap given that your session is shared with another client. Upon my week of return, the other client may be up first for the shared session time.

During my out of office time, I will not be available for individual session, group, family or couple's therapy in person, via email, text or phone, unless it is a serious crisis, or **life-threatening** emergency where there is imminent danger to self or others. If you are a threat to yourself or another when I am away, please call 911 immediately. On occasion, I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations. I ask that clients respect my time away, and unless therapy is a **critical emergency**, they wait until the next session to discuss. For **emergency** situations, I will respond to the client within

24 hours of receipt of the email, call or text. For **non-emergency** clients, I will respond the first business day upon returning back to my office.

Your signature indicates your agreement to my boundaries around client contact during my week away:

Holiday, Weekend, and Evening Contact

I will make every effort to return the call, email, or text message of a **non-emergency** client message within 24 hours during my work week. If this call, email, or text arrives during a holiday, weekend or evening, I will return the **non-emergency** client contact during the first working day following the holiday, weekend, or evening. For **emergency only** clients (emergency constitutes imminent danger to self or others), I will make every effort to return the call, email, or text within 24 hours and ask that if the client is facing a life-threatening emergency that they call **911 immediately**. There will be a regular session fee or partial session fee for emergency phone calls and sessions that are in excess of 5 minutes, or more than 1 time per month.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called “dual relationships,” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may run into each other in public), I am highly discreet and will maintain your confidentiality. I will do my best to follow your lead, and thus it is your choice to acknowledge the encounter and me as your therapist or not. If you do not choose to acknowledge the encounter, I will respect this and follow your lead.

Policy Regarding Internet Professional and/or Social Networking Sites

On occasion a client will send me an online invitation or “friend” request through Linked In. Unfortunately, this could potentially risk the client’s confidentiality. As such I choose not to accept these requests from clients.

Illness Agreement – Please review and initial

If I am ill with a head cold, flu, virus, chicken pox, or any other potentially contagious illness at any stage no matter how mild that would potentially expose my therapist or other in the therapy office, I agree to alert my therapist, Carol Juergensen Sheets LCSW, CSAT, PCC and either reschedule my session within the **24-hour cancelation time period**, or agree to conduct my individual therapy session via Skype or phone if I am ill, feel as if I am becoming ill, or at the end of a flu virus. _____ **(Initial here)**

If I am seeing Carol for couple’s therapy, I agree to cancel the session within 24 hours or reschedule via Skype if my spouse is ill or I am ill myself .I realize that I will likely need to pay for the session individually if skype or phone coaching becomes necessary. _____ **(Initial here)**

I understand that my fee will apply to all sessions that are not canceled within 24 hours. On the rare occasion that an emergency or grave illness occurs that does not allow me to give 24 hours notice, special consideration will be extended. Otherwise, the session will be conducted via phone and the fee will stand. _____ **(Initial here)**

Referral of Friends, Family, Co-workers

The greatest compliments a therapist/coach can receive are referrals from current or former clients. There are times when clients wish to introduce me as their therapist/coach so they can recommend me as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person's attendance to you if they should begin seeing me in therapy/coaching, or if they are currently in therapy with me. If you choose to share that I am your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me. Please be assured that I will not acknowledge you as my client to anyone outside of Strategic Therapies and Counseling LLC without your written consent. Occasionally I may discover through something you share in a session that I have seen/are seeing someone that you know in therapy. If this is the case, I must maintain that person's confidentiality and will hold this information just as I would uphold your confidentiality. On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with her/him." This is an example of my standard response which is stated in a kind tone: "I appreciate any referrals that clients make, however, I cannot reveal whom I see in therapy, and thus I cannot remark on whom I see clinically at this time." Because this may sound rather official to clients, and because I will not acknowledge whom I see in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

Thank you for your referral; I am honored by your trust and confidence.

Please proceed to the next section and fill out the following information in full.